Reviewer's report

Title: WHO Systematic Review of Prevalence of Chronic Pelvic Pain: a neglected reproductive health morbidity

Version: 5 Date: 10 April 2006

Reviewer: Krina T Zondervan

Reviewer's report:

Major compulsory revision

I remain of the view point that a meta-analysis for the very heterogenous data reported is not appropriate, and agree with the statistical reviewer’s comments. Even though the authors have now allowed for the ‘non-metaanalytic’ results to be analysed, the reader still gets the impression that somehow, sophisticated meta-analytic techniques can magically aggregate studies which have used different pelvic pain definitions (most of which the authors acknowledge were not even specified!), examined different types of populations, etc.

I think the main message of this paper should be the substantial prevalence of the different types of pelvic pain, given the reported ranges in population-based studies using very similar symptom definitions, without an attempt to aggregate these data. The other studies of ‘lesser quality’ then either can be excluded, or could be used to serve to show how much they increase the prevalence ranges. It is a pity that the authors have not limited themselves to a more simple tabulation of the results, whilst stressing the extreme heterogeneity of the studies. A particular poignant example is the prevalence range for dyspareunia, from 1.7% to 97% which in itself is rather noteworthy!!

Minor essential revisions

- In the abstract, the 95 % CI for CPP prevalence is incorrect.

- In methods: ‘participants: non-pregnant women without cancer or other specific diseases’. What does this mean? How about diseases potentially underlying CPP, such as endometriosis??

- Page 11, ‘metaregression revealed that prospective design, adequate sampling… etc’. What do you mean with ‘prospective design’. In epidemiological terms, this means prospective recruitment of cases for a case-control study, or of women to be enrolled in a cohort study. Prevalence studies are cross-sectional studies, and be definition never prospective. Perhaps you mean studies that do not rely on historical data?

- The authors note that there are no general populaton based studies on the overlap between pelvic pain and related bowel/urinary symptoms. However, the Oxfordshire women’s health study did indeed publish a paper on this: Am J Obstet Gynecol. 2001 May;184(6):1149-55.

- page 12: ‘the population demographics are unlikely to have undergone major changes over this period, making the studies relevant to current populations’. I do not think this can be stated. I would imagine that patterns of various potential risk-factors may well have changed in the last 80 years (e.g. sexual relations, smoking habits among women, contraceptive practices), with unknown consequences for pelvic pain prevalence.
**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes

**Declaration of competing interests:**

I declare that I have no competing interests